



## Application for Temporary Permit Under Sponsorship of a Licensed Hearing Aid Specialist Division of Health Licensing

(In accordance with Section 40-25-10, S.C. Code Ann. (Supp. 2002), and Regulation 61-3 *The Practice of Selling and Fitting Hearing Aids*, prospective holders of a temporary permit must file an application under oath in order to become eligible to obtain a temporary permit under sponsorship of a licensed hearing aid specialist. Temporary permits are effective for a 12-month period following the date of issue.)

Please complete all applicable items (print legibly in ink or type) and mail to: DHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC, 29201.

1. Reason for application:

- a. ☐ Initial temporary permit. **(Complete Lines 1 - 4, 6 - 12, and 14 - 15.)**
- b. ☐ Renewal of temporary permit. **(Complete Lines 1- 3, 5, 7 - 9, and 13 - 15.)**

2. Name: \_\_\_\_\_  
First Middle Initial Last

3. Home Address: \_\_\_\_\_  
Street City State Zip

Area Code and Telephone Number: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Current SC temporary permit number: \_\_\_\_\_

6. Enclose proof of high school graduation or equivalent.

7. Licensed hearing aid specialist who is to be your sponsor:

\_\_\_\_\_  
First Name Middle Initial Last Name

8. **Business Location** (a temporary permit is issued for one business location only and the sponsor must be licensed at this same location):

a. Name of Business: \_\_\_\_\_

b. \_\_\_\_\_  
Street City State Zip

c. Area Code & Telephone Number: \_\_\_\_\_

d. Days and Hours of Operation: \_\_\_\_\_

e. Mailing Address (if different from 8.b. above): \_\_\_\_\_

\_\_\_\_\_

9. Have you ever been convicted of any criminal offense other than a minor traffic violation? ☐ Yes ☐ No If yes, list date of conviction, type of offense and name and location of court. \_\_\_\_\_

\_\_\_\_\_

10. Length of time as resident of S.C. \_\_\_\_\_  
Years Months

11. Have you ever held a hearing aid specialist/dealer license or apprentice license in another state? ☐ Yes ☐ No If yes, list the state(s) and expiration date(s). \_\_\_\_\_

Was this license ever suspended or revoked? ☐ Yes ☐ No If yes, describe the cause, conditions, and length of time. \_\_\_\_\_

12. Previously filed application with this Department? ☐ Yes ☐ No Date: \_\_\_\_\_

13. Enclose \$25.00 check or money order payable to DHEC for temporary permit fee.

14. **Verification:** State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_ do hereby swear or affirm, depose and say that I have read the foregoing application and know the contents thereof, and that the statements made therein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a temporary permit in the State of S.C. By completing this application, I do hereby submit myself to the provisions of §40-25-10, et seq., of the S.C. Code Ann. (Supp. 2002), as amended, Practice of Specializing in Hearing Aids Act, and Regulation 61-3, *The Practice of Selling and Fitting Hearing Aids*.

\_\_\_\_\_  
Signature of Temporary Permit Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

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**TO BE COMPLETED BY SPONSOR**

15. **Verification:** State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, accept the responsibility of the supervision and  
Name of Sponsor Current License Number

training of \_\_\_\_\_ in accordance with §40-25-10, et seq., the S.C.  
Name of Temporary Permit Applicant

Code Ann. (Supp. 2002), Practice of Specializing in Hearing Aids Act, and Regulation 61-3, *The Practice of Selling and Fitting Hearing Aids*. I realize that I am responsible for his/her training and conduct until notified by the Department that I am no longer responsible for this individual. In addition, I will submit quarterly reports to the Department in a timely manner.

\_\_\_\_\_  
Sponsor's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

**Instructions for Completing DHEC Form 0222**  
**Application for Temporary Permit Under Sponsorship of a Licensed Hearing Aid Specialist**  
**Division of Health Licensing**

**PURPOSE:** In accordance with Section 40-25-10, S.C. Code Ann. (Supp. 2002), and Regulation 61-3 *The Practice of Selling and Fitting Hearing Aids*, prospective holders of a temporary permit must file an application under oath in order to become eligible to obtain a temporary permit under sponsorship of a licensed hearing aid specialist. Temporary permits are effective for a 12-month period following the date of issue.

**INSTRUCTIONS:**

- Line 1.a. If this is your first time applying for a temporary permit, check this block and complete lines 1 through 4, lines 6 through 12, and 14 through 15.
- Line 1.b. If you are renewing your temporary permit, check this block and complete lines 1, 3, and 5. Then complete lines 7 through 9 and lines 13 through 15.
- Line 2. Enter the name of the individual applying for the temporary permit.
- Line 3. Enter the home address and telephone number of the individual applying for the temporary permit.
- Line 4. Enter the date of birth of the individual applying for the temporary permit.
- Line 5. If you are renewing your temporary permit, enter your current temporary permit number.
- Line 6. Enclose a copy of your high school graduation or equivalent with this application.
- Line 7. Enter the name of the licensed hearing aid specialist who will be sponsoring you.
- Line 8.a. Enter the name of the business where you will be working. Your temporary permit is issued for one business location only and your sponsor must be licensed at this same location.
- Line 8.b. Enter the location address of the business.
- Line 8.c. Enter the area code and telephone number of the business.
- Line 8.d. Enter the days and hours of operation of the business.
- Line 8.e. Enter the mailing address if it is different from the location address of the business.
- Line 9. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 10. Enter the number of years and months the applicant has been a resident of South Carolina.
- Line 11. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 12. Indicate yes or no if you have ever filed an application with this Department for a temporary permit. If you answer yes, enter the date you filed the application.
- Line 13. Self-explanatory.
- Line 14. Self-explanatory.
- Line 15. This section is to be completed by the individual that will sponsor the individual applying for the temporary permit.

**OFFICE MECHANICS AND FILING:** The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention scheduled assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-F&S-17, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.